Dear Student:

Thank you for applying for a scholastic grant to THE JACOBSON JEWISH COMMUNITY FOUNDATION (JJCF). Due to the generosity of Dr. & Mrs. Sanford and Thelma Glanz, we are pleased to provide a limited number of scholarships to Jewish medical students living in South Palm Beach County, Florida (Boca Raton, Delray Beach and Highland Beach) for Medical School education. Scholarship requests are periodically and confidentially reviewed by our Grants Committee and approved by the Jacobson Jewish Community Foundation’s Board of Trustees on a case by case basis.

Please note: Applying does not guarantee you will receive funding, as our limited funds may impede granting of scholarships, it takes a minimum of two months to review and process each grant request, so please plan accordingly.

Scholarship Eligibility:

- Only students whose primary residence is within south Palm Beach County (Boca Raton, Delray Beach and Highland Beach) are eligible to receive financial assistance from the Jewish Community Foundation.
- Scholarship dollars must be used within the timeframe and for the purpose for which it was intended.

Scholarship Process:

To apply for funding, please submit the attached GRANT APPLICATION FORM along with the following items:

- A typed letter from the student (no more than one page) describing your Jewish community involvement, family history, course of studies, education/career goals and objectives. Please indicate financial need and disclose any financial aid/scholarships you are receiving or may receive from other sources. Parents may also include a brief statement.
- Your most recent income tax return or that of your parents if they claim you. Please include any Schedule E, other schedules and/or information regarding family/individual income from all sources.
- Acceptance letter from the institution indicating enrollment (first time applicants).
- List of registered classes and/or itinerary and breakdown of costs from the institution.
- Scholarship checks will be made in the name of the institution and mailed directly to the institution.
- Applications are for the upcoming or current year only. Students must resubmit an application each year.
- All requested documents and application must be received together.

Note: Incomplete applications, including lack of sufficient documentation requested and omissions or untruthful statements will not be considered for funding. All information must be current and accurate. If you have questions or to check the status of a scholarship request, please contact:

Jacobson Jewish Community Foundation
9901 Donna Klein Blvd.
Boca Raton, FL 33428
Lottie Nilsen
Associate Vice President, Foundation Development
PH: 561-852-3109 Fax: 561-852-3150
Email: lottien@bocafed.org
JACOBSON JEWISH COMMUNITY FOUNDATION
GLANZ MEDICAL SCHOOL SCHOLARSHIP REQUEST FORM

Due by Monday, June 1, 2020
If not legible, this application will be rejected.

Student name __________________________ Date of birth __________________________

Home address __________________________ City __________ State: ______ Zip code ______

Mailing address __________________________ City __________ State ______ Zip code ______
(If different from home)

Home phone ______________ Student Cell phone __________________________ E-mail ______________

Parent(s)/Guardian name __________________________

City __________________________ State ______ Zip code ______ Rent ☐ Own ☐

Name of Institution __________________________

US Mailing Address for financial aid

Level (Circle One): FIRST YR  SECOND YR  THIRD YR  FOURTH YR  Year start date________________________

Expected Graduation Date and Degree __________________________ Student ID# __________________________

Sibling names and ages __________________________

Previous education and years attended __________________________

Synagogue affiliation __________________________

Jewish community involvement (in or out of school) __________________________

Israel experiences
(please indicate if through a program or through family and dates)

Please indicate all forms of financial assistance you are currently receiving to attend this institution and scholarship amount

________________________________________

Referral source __________________________
(Print ad, website, other organization, student, etc.)

Comments __________________________

If you require additional space, please attach a sheet.

I WOULD BE WILLING TO SPEAK AT A JJCF BOARD OF TRUSTEES MEETING OR EVENT: YES ☐ NO ☐

A part of the requirement for receiving the Grant is your commitment to participate in a Jewish community service project for a minimum of 18 hours.

Signing this scholarship request indicates your acceptance of this condition.

Please Note: The undersigned hereby attests that the information provided is current and accurate. Fraudulent information may cause this application and all future requests to be rejected by the Jacobson Jewish Community Foundation Scholarship Committee.

Student Signature __________________________ Parent/Guardian Signature (if student is under 18) __________________________ Date __________________________